

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	COMPUTER PROGRAM PRODUCT CONTAINING ELECTRONIC TRANSCRIPT AND EXHIBIT FILES AND METHOD FOR MAKING THE SAME																							
Application Number :																								
Date :																								
First Named Applicant:		Mr. Kevin Koch																						
Attorney Docket Number:		43576.830008US1																						
TOTAL FEE AUTHORIZED \$ 430																								
Patent fees are subject to annual revisions on or about October 1st of each year.																								
Filing as small entity																								
BASIC FILING FEE																								
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>					Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385				Subtotal For Basic Filing Fees: \$ 385								
Fee Description	Fee Code	Amount \$	Fee Paid \$																					
Utility Filing Fee	2001	385	385																					
			Subtotal For Basic Filing Fees: \$ 385																					
EXTRA CLAIM FEES																								
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 25</td><td>5</td><td>2202</td><td>9</td><td>45</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 45</td></tr></tbody></table>					Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 25	5	2202	9	45	Independent Claims : 3	0	2201	43	0				Subtotal For Extra Claims Fees: \$ 45	
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																				
Total Claims : 25	5	2202	9	45																				
Independent Claims : 3	0	2201	43	0																				
			Subtotal For Extra Claims Fees: \$ 45																					
AUTHORIZED BILLING INFORMATION																								
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																								
Deposit account number:		082623																						
Access Code		****																						
Deposit name:		Holland and Hart																						
Deposit authorized name:		Brian Kinnear																						
Signature:		//B Kinnear																						
Date (YYYYMMDD):		2004-08-03																						
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																								